* Nutrition education to increase the awareness and bringing about the desired changes in the feeding practices including promotion of breast feeding;

* Supplementary feeding programmes viz (i) integrated child development services (ICDS) scheme; (ii) special nutrition programme (SNP); (iii) Balwadi Nutrition Programme (BNP); (iv) wheat based supplementary nuitrition programme; (v) midday meal programme etc.

In addition, Programme for prevention of specific nutrient deficiency disorders such as National Iodine Deficiency Disorders Control Programme; Prophylaxis programme to prevent blindness due to Vitamin A deficiency and Nutritional Anaemia due to Iron Deficiency as a part of Reproductive and Child Health Programme and Pilot Project for control of micronutrient malnutrition are also under implementation.

National T. B. Control Programme

975. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is Government's policy to control TB and the details of activities undertaken under the National TB Control Programme in the country;

(b) the number of TB cases reported, treated, cured, district-wise or hospital-wise in Orissa and extent of financial assistance/ allocations made to them during the last two years;

(c) whether the WHO has recently opined that funds are not being given to such institutions and are remaining unspent; and

(d) if so, the details thereof and the action proposed to be taken thereon?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N. T. SHANMUGAM): (a) To control TB, National TB Control Programme was launched in the country in 1962. The programme is integrated with Primary Health

Care and implemented through a network of 447 District TB Centres and 330 TB Clinics which provide diagnosis and treatment facilities free of cost including free supply of anti-TB drugs. To cut short the duration of the treatment, Short Course Chemotherapy has been introduced in 292 districts. This programme was reviewed in 1992 and the findings of the Review Committee *inter-alia* were that the treatment completion rate is less than 40%, there were drug shortages, emphasis on X-ray for diagnosis, poor quality stum microscopy, multiplicity of treatment regimens, inadequate budget and managerial capacity etc. Based on the above findings Government of India evolved a Revised National Tuberculosis Control Programme (RNTCP) with the objective of curing at least 85% of sputum positive cases and detecting at least 70% of these cases. This Programme is based on high quality sputum microscopy and treatment which is Directly Observed (DOT) to ensure that the patient takes his full course of treatment. Under this programme, quality of diagnosis has been good and sputum conversion rate remains high at 87%. Currently the programme covers 140 million population, which is expected to increase to 250 million by end 2000 and 400 million by 2002.

(b) District wise number of TB cases reported under National Tuberculosis Control Programme in Orissa are given at Annex. Revised National Tuberculosis Control Programme (RNTCP) has been in operation in three districts of Orissa which have shown a cure rate of around 80%. It has been extended to another two districts recently. The amount of assistance allocated to Orissa during the last two years are as under:

1997-98	—	Rs. 273.00 lakhs
1998-99	—	Rs. 325.38 lakhs

This assistance is for purchase of sputum negative drugs and also towards commodity assistance for sputum positive drugs. Assistance is also being provided by DANIDA for implementation of RNTCP in five tribal districts of Orissa.

(c) and (d) Final report of Govt. of India and WHO joint review is yet to be received.

Manufacture and sale of fake drugs

976. SHRI SANTOSH BAGRODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that manufacture and sale of all fake drugs of well-known brands has become very common;

(b) whether it is also a fact that Drugs Control Department has shown their complete inability to handle the situation; and

(c) if so, how Government plan to stop manufacture and sale of fake drugs completely and by when?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N. T. SHANMUGAM): (a) It is not true that manufacture and sale of all fake drugs of well known brands has become very common in the country. As per the information available from the State Licensing Authorities, the reported incidence of spurious drugs during the period 1997-98 based on lab. Testing is only 0.5%.

Manufacture and sale of spurious drugs is a clandestine activity indulged in by unscrupulous persons making such medicines in unlicensed premises at more than one site. Such activities are unearthed and detected from time to time by the State Licensing Authorities with the help of police.

(b) and (c) Under the provisions of Drugs and Cosmetics Act, 1940 and Rules framed thereunder, the enforcement of quality control of Drugs and Pharmaceuticals is regulated by States through a system of licensing. The Drugs Control Officers draw drug samples from manufacturers, traders etc. and get their quality validated through their Govt. Labs. If a drug after testing is found not of standard quality, action is initiated by the State Licensing Authorities in terms of provisions of the Drugs and Cosmetics Act, 1940.

The number of sample tested and those found spurious by the